

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/663215
	Filing Date	09/15/2003
	First Named Inventor	Sherman
	Title	PEPTIDES WHICH GENERATE ANTIBODIES RESULTING IN LYSIS OF PATHOLOGICALLY ADHERENT ERYTHROCYTES
	Art Unit	Not yet known
	Examiner Name	Not yet known
	Attorney Docket Number	02307O-140500US

I hereby appoint:

Practitioners associated with the Customer Number

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Linda S. Stevenson		
Signature	<i>Linda S. Stevenson</i>		
Date	12/5/2003	Telephone	510-587-6000
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of forms are submitted.			